	<b>\$</b>		
FOR INSTRUCTIONS, SEE BACK OF FORM STEE	ins ann	FORM	STATEMENT
CHECK ONE:		DR-1	OF
X Ints is an initial" Statement of Organization	I/ 7 Daniel Farms	(Rev. 04/2008)	ORGANIZATION
This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the com	AM In.	For Office Use (	Only 100/
"An initial Statement of Organization must be filed within 10 days of the com	mittee's accepting contributions,	Comm. #	1826
making expenditures, or incurring indebtedness exceeding \$750. Amendme	ents must be filed within 30 days of	Indexed	
a change. Penalties may be imposed for late-filed Statements of Organization committee that exceeds \$750 in activity for another office shall file within 10	on. A candidate with an open	Audited	1 20
DR-1 disclosing information concerning the campaign for the new office sou	days eluler a new or amended	Computer 10	4 MKS
COMMITTEE NAME   \( \text{(A candidate's committee must include the candidate's last name in the name of the committee.)}			
ann Fairchild for Jowa	State House		
IMPORTANT: Indicate type of committee you are reporting for:			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Control Committee			
\ >   County Candidate   0   City Candidate   7   School Board of Other Political Subdivision Candidate   2   County BAC   0   City BAC			
(10 )School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple-city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)			
Name +	Name V A - A	tory except for a c	andidate's committee)
ann taircheld	ann fairchel		
Mailing Address ↓ ↓	Mailing Address ↓ ↓		
3924 Dogwood Ave	3424 Dog wood	Acre,	
City State Zip Gode 1 50434	City State ↓ ↓ Zip Code ↓ ↓		
Fertile Souro 50934	Fertile Jowa	5043	4
Phone (64) 797-2221	Dhane 11 111 202 2		
	Phone (641-297-23	lel I	
e-Mail OSER Quoctatelinet INDICATE PURPOSE OF COMMITTEE - Check One Box Advo	e-Mail aiser @	water tel	nel
INDICATE PURPOSE OF COMMITTEE - Check One Box Advo	ocate for/against candidate(s)	vocate for ballot issu	19(9)
Comment or description:		ocate against ballo	
All Candidates Enter:	VI County/I coal Candidates an	d Local Ballot Con	nmittees Enter:
Office Sought: Jowa State House Dist	iλ. <b>/</b>		
Political Party (if applicable) Democratic	County:		
	(If active in multiple ballot issu	e elections, attach li	st of counties
District: 1	Pate of Election:		
Year Standing for Election:	\		
Dank Assault Hama (mint match as walth as well as	Candidate name & Address or Pa		if applicable),
Bank Account Name (must match committee name)		rent Entity (PACs, filiate, or Sponsor	if applicable),
Bank Account Name (must match committee name)			if applicable),
Bank Account Name (must match committee name)			if applicable).
Sank Account Name (must match committee name)  Justice  Account Four Low State Woo  Name of Financial Institution/type of Account			if applicable),
Bank Account Name (must match committee name)  Omn fairched for Town State Wo Name of Financial Institution/type of Account  Dankettus Bank Harus I.	Mailing Address ↓ ↓		if applicable),
Bank Account Name (must match committee name)  Clans Four Lell for Town State Not Name of Financial Institution/type of Account  Mailing Address  Mailing Address	Mailing Address ↓ ↓		if applicable).  Zip ↓ ↓
Bank Account Name (must match committee name)  Clans Fairchell for Town State No.  Name of Financial Institution/type of Account  Mailing Address  Charles Bank + Jrus I	Mailing Address ↓ ↓	filiate, or Sponsor	
Bank Account Name (must match committee name)  Justice  Account Four Low State Wo  Name of Financial Institution/type of Account  Mailing Address  Justice  Bank + Jrust  Mailing Address  Doquand Ave	Mailing Address ↓ ↓  City ↓ ↓	filiate, or Sponsor	
Bank Account Name (must match committee name)  Justice  Account Four Low State No.  Name of Financial Institution/type of Account  Mailing Address  Dogcuard Ave.  3242 Dogcuard Ave.	Mailing Address ↓ ↓	filiate, or Sponsor	
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Bank Account Name (must match committee name)  Cunn Fairchell for Town State North Name of Financial Institution/type of Account  Mariling Address  State Account  Mariling Address  City State Zip   Forest City Powa SO436	Af  Mailing Address   City   Phone ( )   e-Mail	filiate, or Sponsor	
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Bank Account Name (must match committee name)  Conn force of Account State Not Name of Financial Institution/type of Account  Maddless  Bank + Jrust  Mailing Addless  City State   Zip   Jorest City Jorest Sof 349  STATEMENT OF AFFIRMATION: By filing this document the committee affin	Mailing Address   City   Phone ( )  e-Mail  ms the following:	filiate, or Sponsor	Zip ↓ ↓
Bank Account Name (must match committee name)  Cunn Fairchell for Town State North Name of Financial Institution/type of Account  Mariling Address  State Account  Mariling Address  City State Zip   Forest City Powa SO436	Mailing Address   City   Phone ( )  e-Mail  ms the following:	filiate, or Sponsor	Zip ↓ ↓
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Bank Account Name (must match committee name)  June 1	Mailing Address   City   Phone ( )  e-Mail   ms the following: they are subject to the laws in lowa Code   tree reports and that the failure to file these	State   chapters 68A and 6	Zip ↓ ↓  8B and the administrative
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